

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
CLAIMS									
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
IND	DEP	IND	DEP	IND	DEP	IND	DEP		
1						51			
2						52			
3						53			
4						54			
5						55			
6						56			
7						57			
8						58			
9						59			
10						60			
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12						62			
13						63			
14						64			
15						65			
16						66			
17						67			
18						68			
19						69			
20						70			
21						71			
22						72			
23						73			
24						74			
25	1					75			
26	1					76			
27	1					77			
28	1					78			
29	1					79			
30	1					80			
31	1					81			
32	1					82			
33	1					83			
34						84			
35						85			
36						86			
37						87			
38						88			
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40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	1					TOTAL IND.			
TOTAL DEP.	8	←	→	→		TOTAL DEP.	←	→	←
TOTAL CLAIMS	9	██████	██████	██████		TOTAL CLAIMS	██████	██████	██████

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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